



Annual Report of Midwifery Practice

Florida Council of Licensed Midwifery
2022

Section I: Overview

A. Statutory Basis and Rule Implementation

The Council of Licensed Midwifery (Council), in its advisory capacity, is required by section 467.004(3)(e), Florida Statutes, to “collect and review data regarding licensed midwifery.”

To implement this requirement, the Department of Health adopted Rule 64B24-1.004(5), Florida Administrative Code (F.A.C.), requiring the Council to prepare an annual report no later than November 1 each year.

To ensure timely, consistent reporting, the *Annual Report of Midwifery Practice Form (DH-MQA 5011)* was developed with advisement from the Council and was adopted in 2016 as a part of Rule 64B24-7.014, F.A.C.

B. Requirements of the Licensee

This report is derived from data from the *Annual Report of Midwifery Practice Form (DH-MQA 5011)*. Midwives whose licenses are active are required to report by July 31 each year.

C. Ongoing Development of the Annual Report of Midwifery Practice

The Council, acting in an advisory capacity, provides insight as to how the form might be further refined, what types of data to collect, and how to interpret the data in the context of the midwifery practice.

D. Reporting Rates

The reporting rate fell in this reporting cycle. Contributing factors may include an increase in the number of midwives reporting that they are not currently practicing in the state of Florida.

All midwives are required to report; however, the total number of midwives reporting actual practice is the total number of midwives with active licenses, less those in a not practicing or inactive status (see *Appendix – Table 1*). Midwives reporting that they are not practicing in Florida account for **19.5%** of active licenses.

Of the midwives with active licenses this reporting period who timely submitted an annual report, **28 out of 151** reported “0,” “none,” or similar in each data field. This represents **18.5%** of licensees who hold an active license but did not report any practice in Florida who timely submitted the required annual report. These reports are not considered in analyses related to practice

A total of **123 of 151 reports** were considered in analyses in this report which relate to practice.

E. Limitations of the Dataset

The dataset compiled from the *Annual Report of Midwifery Practice Form (DH-MQA 5011)* is subject to inaccuracy introduced by licensees less familiar with the reporting mechanism, by error, or by omission.



The Annual Report of Midwifery Practice is designed to observe general trends within the profession, and to assess regulatory response in relation to the observed trends. The Annual Report of Midwifery Practice is not intended to provide information about specific midwives or specific cases.

Section II. Midwifery Practice in Florida

A. Antepartum Practice

1. Initial Visits and Acceptance into Care

119 midwives (of 123; 96.8%) reported initial visit and acceptance into care data that could be verified.

Reports where the total number of clients accepted into care exceeded the number of clients at initial visit and reports where all responses related to initial visits and acceptance into care were “0” or similar are not included for the purposes of calculations relating to initial obstetrics visits and acceptance into care:

- **2 midwives (of 123; 0.8%)** reported a number of clients accepted into care exceeding the number of initial visits during the reporting period.
- **2 midwives (of 123; 0.8%)** reported no initial visits or clients accepted into care in the reporting period who reported other practice during the reporting period.

The overall number of clients seen **increased by 84.3%** in this reporting period. The percentage of clients accepted into care after initial visit **fell by 13.4%** in this reporting period.

Clients Seen and Acceptance into Care after Initial Visit by Reporting Period		
FY 2021-2022 / CY 2021		
Total Initial Obstetrics Clients Seen:	8,233	
Total Maternity Clients Accepted into Care:	6,364	
Percentage of Clients Accepted After Initial Visit:	77.3%	
FY 2020-2021 / CY 2020		
Total Initial Obstetrics Clients Seen:	4,468	
Total Maternity Clients Accepted into Care:	4,056	
Percentage of Clients Accepted After Initial Visit:	90.7%	
Change from Prior Reporting Period		
Total Initial Obstetrics Clients Seen:	+3,765	(+84.3% of clients seen)
Total Maternity Clients Accepted into Care:	+2,308	(+56.9% of clients accepted into care)
Percentage of Clients Accepted After Initial Visit:	-13.4%	

2. Acceptance into Care Only

10 midwives (of 123; 8.1%) reported data exclusively in fields related to initial visits and acceptance into care.

Clients Seen and Acceptance into Care after Initial Visit by Reporting Period, Less Acceptance into Care Only		
FY 2021-2022 / CY 2021		
Total Initial Obstetrics Clients Seen:	6,282	(of 8,233; 76.3%)
Total Maternity Clients Accepted into Care:	4,838	(of 6,364; 76.0%)
Percentage of Clients Accepted After Initial Visit:	77.0%	



Midwives who reported data exclusively in fields related to initial visits and acceptance into care have been excluded from results that survey patterns in practice following acceptance into care; the adjusted clients seen and accepted into care above is used for calculations throughout the remainder of this report (see *Appendix – Table 2*).

3. Antepartum Transfer

88 midwives (of 123; 71.5%) reported antepartum transfer data that could be verified.

The rate of planned antepartum transfers for medical reasons **decreased by 5.7%** from the prior reporting period.

The number of unplanned antepartum transfers for medical reasons **increased by 3.9%** from the prior reporting period.

Antepartum Transfers: Planned and Unplanned, Rate of Antepartum Transfer to Delivery by Reporting Period		
FY 2021-2022 / CY 2021		
Total Number of Transfers in the Antepartum:	410	(45.8% of all client transfers)
<i>Planned Transfers:</i>	148	(36.1% of antepartum transfers)
<i>Unplanned Transfers:</i>	245	(59.8% of antepartum transfers)
<i>Unknown/Other:</i>	17	(4.1% of antepartum transfers)
Antepartum Transfer to Delivery Rate:	16.3%	(410 of 2,515 deliveries)
FY 2020-2021 / CY 2020		
Total Number of Transfers in the Antepartum:	435	(50.3% of all client transfers)
<i>Planned Transfers:</i>	182	(41.8% of antepartum transfers)
<i>Unplanned Transfers:</i>	243	(55.9% of antepartum transfers)
<i>Unknown/Other:</i>	10	(2.3% of antepartum transfers)
Antepartum Transfer to Delivery Rate:	10.7%	(435 of 4,056 deliveries)
Change from Prior Reporting Period		
Total Number of Transfers in the Antepartum:	-25	(-4.5% of all client transfers)
<i>Planned Transfers:</i>	-34	(-5.7% of planned antepartum transfers)
<i>Unplanned Transfers:</i>	+2	(+3.9% of unplanned antepartum transfers)
<i>Unknown/Other:</i>	+7	(+1.8% of unknown antepartum transfers)
Change in Antepartum Transfer to Delivery Rate:	+5.6%	(of all deliveries)

B. Labor and Delivery; Antepartum and Intrapartum Practice

Midwives are required to report deliveries which they performed as the primary midwife. Adjusted total reported deliveries exclude reports where the total number of deliveries and delivery by location cannot be verified, except where the total deliveries as the primary midwife included delivery in a hospital setting as a part of the total in error.

1. Delivery by Setting

In some instances, licensed midwives reported deliveries in their total deliveries that included hospital births where the midwife could not have performed as the primary midwife. For the purposes of analysis, the total reported deliveries as well as an adjusted total of reported deliveries for this error are provided for midwives whose birth-related data by practice setting could be verified.



103 midwives (of 111; 92.8%) reported intrapartum practice whose birth-related data by practice setting could be verified.

Delivery Setting by Reporting Period		
FY 2021-2022 / CY 2021		
Reported Deliveries (unadjusted):	2,537	
Reported Deliveries (adjusted):	2,515	
Total Reported Deliveries (home, birthing center):	2,515	
<i>Home Deliveries:</i>	1,403	(55.8% of reported deliveries)
<i>Birthing Center Deliveries:</i>	1,112	(44.2% of reported deliveries)
FY 2020-2021 / CY 2020		
Reported Deliveries (unadjusted):	2,372	
Reported Deliveries (adjusted):	2,157	
Total Reported Deliveries (home, birthing center):	2,152	
<i>Home Deliveries:</i>	1,228	(57.1% of reported deliveries)
<i>Birthing Center Deliveries:</i>	924	(42.9% of reported deliveries)
Change from Prior Reporting Period		
Reported Deliveries (unadjusted):	+165	(+7.0% of reported deliveries)
Reported Deliveries (adjusted):	+359	(+16.6% of reported deliveries)
Total Reported Deliveries (home, birthing center):	+363	(+16.9% of all deliveries)
<i>Home Deliveries:</i>	+175	(+14.3% home deliveries)
<i>Birthing Center Deliveries:</i>	+188	(+20.3% birthing center deliveries)

2. Hospital Deliveries Attended by Licensed Midwives

Midwives may attend deliveries in hospitals but would not be considered the primary practitioner.

Hospital Deliveries Attended by Reporting Period		
FY 2021-2022 / CY 2021		
Midwives Attending Hospital Deliveries:	13	(of 111 midwives; 11.7%)
Hospital Deliveries Attended:	221	
Total Attended Deliveries (adjusted; including hospital):	2,736	
Percentage of Deliveries Attended in Hospitals:	8.1%	
FY 2020-2021 / CY 2020		
Midwives Attending Hospital Deliveries:	14	(of 103 midwives; 13.6%)
Hospital Deliveries Attended:	106	
Total Attended Deliveries (adjusted; including hospital):	2,263	
Percentage of Deliveries Attended in Hospitals:	4.7%	
Change from Prior Reporting Period		
Midwives Attending Hospital Deliveries:	-1	(-1.9%)
Hospital Deliveries Attended:	+115	(+108.5% of deliveries)
Total Attended Deliveries (adjusted; including hospital):	+473	(+20.9% of deliveries)
Percentage of Deliveries Attended in Hospitals:	+3.4%	

3. Vaginal Births after Cesarean Section (VBAC)

Several midwives left reporting fields related to planned vaginal births after caesarian section (VBAC) blank or made a mark or notation of “X” or similar. For the purposes of analysis, it was assumed that



such marks or notations, or the absence of any mark or notation, was equivalent to entering “0” in these fields.

109 midwives (of 111; 98.2%) reported VBAC-related data that could be verified.

a. Planned Vaginal Birth after Cesarean Section

Includes all VBAC planned during the reporting period, regardless of delivery.

Number of Midwives Planning VBACs, Planned VBACs by Reporting Period		
FY 2021-2022 / CY 2021		
Midwives Planning VBAC:	6	(5.5% of midwives)
Number of Planned VBAC:	26	
FY 2020-2021 / CY 2020		
Midwives Planning VBAC:	7	(6.9% of midwives)
Number of Planned VBAC:	12	
Change from Prior Reporting Period		
Midwives Planning VBAC:	-1	(-14.3% of midwives)
Number of Planned VBAC:	+14	(+116.7% of planned VBAC)

b. Completed Primary and Subsequent Vaginal Births after Cesarean Section

Completed VBACs are reported in two categories.

- **Primary VBAC** is defined as vaginal birth occurring as the next birth after a cesarean section.
- **Subsequent VBAC** is defined as any vaginal birth occurring after a cesarean section which does not immediately follow a birth by caesarian section.

The number of completed primary and subsequent VBAC exceeds the number of planned VBAC over the past two reporting periods.

Number of Completed Primary, Subsequent VBAC, Midwives Reporting VBAC by Reporting Period				
FY 2021-2022 / CY 2021				
Total VBAC:	142	(5.6% of all deliveries)	52	(of 109 midwives; 47.7%)
Primary VBAC:	73	(2.9% of all deliveries)	34	(of 109 midwives; 31.2%)
Subsequent VBAC:	69	(2.7% of all deliveries)	36	(of 109 midwives; 33.0%)
FY 2020-2021 / CY 2020				
Total VBAC:	130	(5.7% of all deliveries)	48	(of 101 midwives; 47.5%)
Primary VBAC:	65	(2.9% of all deliveries)	29	(of 101 midwives; 28.7%)
Subsequent VBAC:	65	(2.9% of all deliveries)	37	(of 101 midwives; 36.6%)
Change from Prior Reporting Period				
Total VBAC:	+12	(-0.1% of deliveries)	+0.2%	(of midwives)
Primary VBAC:	+8	(+/-0% of deliveries)	-2.5%	(of midwives)
Subsequent VBAC:	+XX	(-0.2% of deliveries)	-3.6%	(of midwives)

4. Planned and Unplanned Transfers for Non-Vertex Presentation (Breech Birth); Multiple Gestation (MG)

Midwives plan transfer of care if non-vertex presentation is a likely outcome and may provide antepartum and postpartum care under a collaborative management agreement (see Appendix – Table 3A, 3B). Transfer for non-vertex presentation may also occur intrapartum.



Midwives are required to transfer care if multiple gestation (MG) presents and may provide antepartum and postpartum care under a collaborative management agreement.

Number of Planned, Total Transfers for Non-Vertex Presentation, Multiple Gestation by Reporting Period		
FY 2021-2022 / CY 2021		
Planned Antepartum Transfers for NVP:	16	(of 148; 10.8% of planned antepartum transfers)
Total Antepartum Transfers for NVP:	34	(of 410; 8.3% of all antepartum transfers)
Intrapartum Transfers for NVP:	20	(of 415; 4.8% of all intrapartum transfers)
Total Transfers for NVP:	46	(of 825; 5.6% of all antepartum, intrapartum transfers)
Planned Antepartum Transfers for MG:	5	(of 148; 3.4% of planned antepartum transfers)
Total Antepartum Transfers for MG:	6	(of 410; 1.5% of all antepartum transfers)
Intrapartum Transfers for MG:	0	(of 415; 0.0% of all intrapartum transfers)
Total Transfers for MG:	6	(of 825; 0.7% of antepartum, intrapartum transfers)
FY 2020-2021 / CY 2020		
Planned Antepartum Transfers for NVP:	15	(of 182; 8.2% of planned antepartum transfers)
Total Antepartum Transfers for NVP:	29	(of 436; 6.7% of all antepartum transfers)
Intrapartum Transfers for NVP:	12	(of 361; 3.3% of all intrapartum transfers)
Total Transfers for NVP:	41	(of 797; 5.1% of all antepartum and intrapartum transfers)
Planned Antepartum Transfers for MG:	2	(of 182; 1.1% of planned antepartum transfers)
Total Antepartum Transfers for MG:	3	(of 436; 0.7% of all antepartum transfers)
Intrapartum Transfers for MG:	0	(of 361; 0.0% of all intrapartum transfers)
Total Transfers for MG:	5	(of 797; 0.6% of antepartum, intrapartum transfers)
Change from Prior Reporting Period		
Planned Antepartum Transfers for NVP:	+1	(+2.6% of planned antepartum transfers)
Total Antepartum Transfers for NVP:	+5	(+1.6% of all antepartum transfers)
Intrapartum Transfers for NVP:	0	(+0.0% of all intrapartum transfers)
Total Transfers for NVP:	+5	(+0.5% of all antepartum, intrapartum transfers)
Planned Antepartum Transfers for MG:	+3	(+2.3% of planned antepartum transfers)
Total Antepartum Transfers for MG:	+3	(-0.8% of all antepartum transfers)
Intrapartum Transfers for MG:	0	(+0.0% of all intrapartum transfers)
Total Transfers for MG:	+1	(+0.1% of all antepartum, intrapartum transfers)

5. Non-Vertex Presentation Deliveries

Non-vertex presentation (NVP) persisting past 37 weeks gestational age requires consultation, referral, or transfer of care. If transfer is required, a midwife may provide antepartum and postpartum care under a collaborative management agreement.

Non-Vertex Presentation Deliveries by Reporting Period		
FY 2021-2022 / CY 2021		
NVP Deliveries Reported:	7	(0.02% of all deliveries)
FY 2020-2021 / CY 2020		
NVP Deliveries Reported:	13	(0.06% of all deliveries)
Change from Prior Reporting Period		
NVP Deliveries Reported:	-6	(-0.04% of deliveries)



6. Deliveries Completed in Water

Deliveries completed in water are commonplace and are performed by the majority of licensed midwives. The percentage of deliveries completed in water remains consistent with prior reporting periods.

Number of Deliveries Completed in Water, Midwives Reporting by Reporting Period		
FY 2021-2022 / CY 2021		
Deliveries Completed in Water:	1,256	(49.9% of all deliveries)
Midwives Reporting Delivery in Water:	105	(94.6% of midwives)
FY 2020-2021 / CY 2020		
Deliveries Completed in Water:	1,078	(47.6% of deliveries)
Midwives Reporting Delivery in Water:	99	(96.1% of midwives)
Change from Prior Reporting Period		
Deliveries Completed in Water:	+178	(+2.3% of deliveries)
Midwives Reporting Delivery in Water:	+6	(-1.5% of midwives)

7. Transfers in the Intrapartum

Licensed midwives are required to transfer care for early onset of labor, non-vertex presentation in labor, evidence of fetal distress, moderate to severe meconium staining, pregnancy induced hypertension or cord prolapse. Midwives may also transfer care of a client intrapartum for other conditions. The most common reason for intrapartum transfer in this reporting period was failure to progress.

98 midwives (of 111; 88.3%) reported one or more transfers of care in the intrapartum period.

Intrapartum Transfers: Complications, NICU Admissions and Fetal Demise; Rate of Intrapartum Transfer to Delivery by Reporting Period		
FY 2021-2022 / CY 2021		
Total Intrapartum Transfers:	415	
<i>Complications after Intrapartum Transfer:</i>	44	(10.6% of intrapartum transfers; 1.8% of deliveries)
<i>NICU Admissions after Intrapartum Transfer:</i>	25	(6.0% of intrapartum transfers; 1.0% of deliveries)
<i>Fetal Demise after Intrapartum Transfer:</i>	3	(0.7% of intrapartum transfers; 0.1% of deliveries)
Intrapartum Transfer Rate:	16.5%	
FY 2020-2021 / CY 2020		
Total Intrapartum Transfers:	369	
<i>Complications after Intrapartum Transfer:</i>	53	(14.4% of intrapartum transfers; 2.3% of deliveries)
<i>NICU Admissions after Intrapartum Transfer:</i>	23	(6.2% of intrapartum transfers; 1.0% of deliveries)
<i>Fetal Demise after Intrapartum Transfer:</i>	4	(1.1% of intrapartum transfers; 0.1% of deliveries)
Intrapartum Transfer Rate:	16.3%	
Change from Prior Reporting Period		
Total Intrapartum Transfers:	+46	
<i>Complications after Intrapartum Transfer:</i>	-9	(-3.8% of intrapartum transfers; -0.5% of deliveries)
<i>NICU Admissions after Intrapartum Transfer:</i>	+2	(-0.2% of intrapartum transfers; +0.0% of deliveries)
<i>Fetal Demise after Intrapartum Transfer:</i>	-1	(-0.4% of intrapartum transfers; +0.0% of deliveries)
Intrapartum Transfer Rate:	+0.2%	



C. Postpartum Practice; Outcomes

1. Postpartum Client and Newborn Transfers

Licensed midwives are required to transfer care of a newborn when the newborn’s APGAR score is less than seven at five minutes, when fetal weight is below 2,500 grams, when there are signs of prematurity or jaundice, when there is persistent hypothermia, when there are respiratory problems, when there are exaggerated tremors, or when there is a major congenital anomaly. Similarly, midwives are required to transfer care of a client when the placenta is retained or when hemorrhage occurs.

Midwives may also transfer care of a client or newborn postpartum for conditions outside these specific, identified risks. The most common reason for postpartum client transfer of care was suturing; the most common reason for postpartum newborn transfer of care was respiratory problems.

60 midwives (of 111; 54.1%) reported one or more transfers of care of a client or newborn in the postpartum period.

Number of Postpartum Transfers; NICU Admissions after Postpartum Transfer by Reporting Period		
FY 2021-2022 / CY 2021		
Client Transfers Reported:	69	(1.1% of clients accepted into care)
Newborn Transfers Reported:	35	(1.4% of deliveries)
NICU Admissions after Postpartum Transfer:	29	(82.9% of newborn transfers)
FY 2020-2021 / CY 2020		
Client Transfers Reported:	60	(1.5% of clients accepted into care)
Newborn Transfers Reported:	41	(1.8% of deliveries)
NICU Admissions after Postpartum Transfer:	32	(78.0% of newborn transfers)
Change from Prior Reporting Period		
Client Transfers Reported:	+9	(-0.4% of clients)
Newborn Transfers Reported:	-6	(-0.4% of deliveries)
NICU Admissions after Postpartum Transfer:	-3	(+4.9% of newborn transfers)

2. Mothers Requiring Sutures

A midwife may suture first- and second-degree lacerations. Transfer is required for suturing of third- and fourth-degree lacerations (See Appendix – Table 5).

Number of Midwives Performing Suturing, Clients Requiring Sutures, Transfers for Suturing by Reporting Period		
FY 2021-2022 / CY 2021		
Number of Midwives Performing Suturing:	102	(82.9% of practicing midwives)
Number of Clients Requiring Sutures:	592	(9.3% of clients accepted into care)
Number of Transfers for Suturing:	25	(36.2% of postpartum client transfers)
FY 2020-2021 / CY 2020		
Number of Midwives Performing Suturing:	88	(85.4% of practicing midwives)
Number of Clients Requiring Sutures:	570	(24.7% of clients accepted into care)
Number of Transfers for Suturing:	20	(28.6% of postpartum client transfers)
Change from Prior Reporting Period		
Number of Midwives Performing Suturing:	+14	(-2.5% of practicing midwives)
Number of Clients Requiring Sutures:	+22	(-15.4% of clients accepted into care)
Number of Transfers for Suturing:	+4	(+6.2% of postpartum client transfers)



3. Stillborn Delivery, Fetal Demise, Maternal Death

FY 2021-2022 / CY 2021

- Two stillbirths were reported as intrapartum transfers.
- One neonatal death was reported during delivery.
- Two neonatal deaths occurring within seven days of delivery were reported; one for Sudden Infant Death Syndrome (SIDS) and one for Hypoxic Ischemic Encephalopathy.
- No deaths occurred under the primary care of a licensed midwife.
- No maternal deaths were reported.

FY 2020-2021 / CY 2020

- Two stillbirths were reported as intrapartum transfers.
- Two neonatal deaths occurring within seven days of delivery were reported; both neonatal deaths followed admittance to a neonatal intensive care unit.
- No deaths occurred under the primary care of a licensed midwife.
- No maternal deaths were reported.

FY 2019-2020 / CY 2019

- One stillbirth was reported.
- Two neonatal deaths occurring within seven days of delivery were reported; one followed admittance of the newborn to a neonatal intensive care unit.
- No deaths occurred under the primary care of a licensed midwife.
- No maternal deaths were reported.



Section III: Appendix

Table 1: Reporting Rates and License Statuses by Reporting Period

Reporting Period	Licenses Required to Report	Licenses in ACTIVE Status Required to Report	Reports Received	Percentage Returns / ACTIVE Percentage Returns
FY 2016-2017	198	(not available)	177	89.3% / (not available)
FY 2017-2018	206	(not available)	200	97.0% / (not available)
FY 2018-2019	217	206	167	77.0% / 81.1%
FY 2019-2020	212	191	134	63.2% / 70.0%
FY 2020-2021	210	177	123	58.6% / 69.5%
FY 2021-2022	215	182	151	70.2% / 82.9%

Table 2: Midwives Reporting Acceptance into Care Only

2A (Total number of initial OB clients seen by you)	2B (Total number of maternity clients you accepted for care in the reporting period)
53	47
130	120
106	95
52	52
4	4
27	27
800	500
248	227
209	178
322	276

Table 3A: Antepartum Transfer Data for Non-Vertex Presentation

Reported antepartum transfers where the reason for transfer was “breech,” “non-vertex presentation,” “transverse,” or similar:

Reason	Planned?	GA/Xfer	Outcome
Breech	Planned	40	CS
Breech	Planned	38	CS
Breech	Planned	35	CS
Breech Presentation	Planned	38	CS
Breech @ term	Unplanned	41	CS
Breech	Unplanned	40	CS
Breech	Unplanned	35	CS
Breech	Unplanned	36	CS
Breech	Unplanned	37	CS
Breech	Unplanned	39.5	CS
Breech	Unplanned	38.3	CS
Breech presentation	Planned	37	CS
Breech	Planned	36.5	C/S
Breech	Planned	37	CS
Breech @ Term/ECV Unsuccessful EMFM	Planned	38	CS
Breech	Unplanned	35	CS
Breech at 39WGA	Planned	39	NSVD
Breech at 41WGA	Planned	41	CS
Breech	Unplanned	37	CS
Breech	Unplanned	41	CS
Breech at Term	Unplanned	40	CS
Breech at Term	Unplanned	40	CS
Breech @ term	Unplanned	40	CS
Breech @ term	Unplanned	40	CS
Breech	Unplanned	41.1	CS



Reason	Planned?	GA/Xfer	Outcome
Breech	Unplanned	37.5	CS
planned hospital - breech	Planned	39.2	CS
PIH, pre-eclampsia, breech	Unplanned	37	NSVD
Breech Position	Planned	39	CS
Breech Presentation	Unplanned	40	CS
Breech Presentation	Planned	36	CS

Table 3B: Intrapartum Transfer Data for Non-Vertex Presentation (Breech Birth)

Reported intrapartum transfers where the reason for transfer was “breech,” “non-vertex presentation,” “transverse,” or similar:

Reason	Delivery Method	Complications	Birth Weight (g)	NICU Admit?	NICU Reason	NICU Days	Death?
Breech	NSVD	N	2863	N	*	*	N
Breech	C/S	N	4309	N	*	*	N
Breech	C/S	N	3260	N	*	*	N
Breech	C/S	N	3175	N	*	*	N
Questionable presentation	RCS	Thick Mec	*	Y	*	3	N
Suspected breech	CSEC	Breech	*	N	*	*	N
Suspected breech	CSEC	Breech	3345	N	*	*	N
Face presentation	C/S	None	3402	N	*	*	N
Face presentation	C/S	N	3005	N	*	*	N
Malpresentation & maternal exhaustion	CS	N	3289	N	*	*	N
Breech presentation during intrapartum	CS	N	2807	N	*	*	N
Malpresentation & maternal exhaustion	NSVD	N	3289	N	*	*	N
Breech	CS	N	3374	N	*	*	N
Breech presentation in labor	CS	N		N	*	*	N
Breech & SROM	CS	N	2637	N	*	*	N
Breech & SROM	CS	N	*	N	*	*	N
malposition	CS	N	3997	N	*	*	N
Breech	C/S	N	3175	N	N	*	N
Face presentation	C/S	N	3997	N	N	*	N
Facial Presentation	C/S	N	4025	N	*	*	N

Table 4: Antepartum Transfer Data for Multiple Gestation

Reported antepartum transfers where the reason for transfer was “multiple,” or similar:

Reason	Planned?	GA/Xfer	Outcome
Diagnosed c/- twins	Planned	12	Still Pregnant
Twins	Unplanned	28	CS
Twins	Unplanned	16.4	unk
Twin	Planned	13	Unk
pregnancy of twins	Planned	17w	*

Table 5: Postpartum Transfer Data for Suturing

Reported postpartum transfers where the reason for transfer was “suture,” “laceration,” or similar:

Reason	Hospital Days	Outcome
4th degree laceration	1	Good
Suturing	0	Sutured & sent home
3rd degree tear	<1	repair completed



Reason	Hospital Days	Outcome
Perineal Repair	0	Stable Condition
3rd Degree Laceration Repair Needed	<1	repaired & discharged home same day
3rd Degree Laceration Repair Needed	<2	repaired & discharged home same day
Laceration	1	MD Sutured
3rd Degree Laceration	0	Repaired/discharged/????
3rd degree laceration	1	Repaired & Discharged Same Day
3rd degree laceration	1	Repaired & Discharged Same Day
#3 perineal laceration	0.5	stable resolved
3rd degree lac - repaired + d/c	0	discharged home wwl 2 hours
3rd degree LAC	24 hrs	stable after repair
4th degree laceration	<1	normal/stable
3rd Degree laceration	0	Stable/Healthy
3rd Degree Tear	1	Stable
3rd degree tear	2	Stable
3rd degree laceration	6 hrs	lac repaired
Third Degree Laceration	4 hrs	Good, Repair
3rd degree laceration	1	sutured and stable
3rd degree laceration	Not admitted	Healthy, stable
3rd degree laceration	Not admitted	Healthy, stable
3rd degree laceration	Not admitted	Healthy, stable
Laceration repair/varicosity	0	repaired + sent home in 1 hr
3rd degree repair	1	repaired by OB and D/C next day

Table 6: Antepartum Transfer – Full Dataset

All reported antepartum transfers. An asterisk (*) denotes an incomplete field; data provided in this table appears as submitted by the reporting midwife.

Reason	Planned?	GA/Xfer	Outcome
Post-Dates, non reassuring NST	Unplanned	41	C-Section
Gestational Diabetes	Unplanned	31	unk
Post-dates	Unplanned	42	NSVD
Post-dates	Unplanned	42	NSVD
Oligohydramnios, post-dates	Unplanned	41	NSVD
Oligohydramnios	Unplanned	39	NSVD
PPROM, COVID+	Unplanned	31	NSVD
Oligohydramnios, post-dates	Unplanned	41	NSVD
Placenta Insufficiency, poor growth, severe anemia	Unplanned	38	NSVD
Breech at 37 wga	Unplanned	37	unk
Pregnancy induced hypertension	Unplanned	39.5	NSVD
Oligohydramnios's	Planned	36^3	C/S
Mother tripped by dog, fell transferred to hosp	Unplanned	39^2	NSVD
low amniotic fluid, induced	Planned	38	Repeat C/S x3
6/8 Biophysical Profile Post Dates	Planned	41	NSVD
6/8 Biophysical Profile Post Dates	Planned	41^3	NSVD
Post Dates	Planned	42^3	NSVD
Diagnosed c/- twins	Planned	12	Still Pregnant
Post Dates	Planned	42+	*
Heart murmur detected in fetus	Planned	39^1	NSVD
COVID 19	Unplanned	29	C/S
Previous C/S	Planned	39	C/S
Previous Uterine Sx	Planned	28	unk
Low HGB	Planned	38	unk
Persistent Breech	Planned	37	C/S
High Risk	Planned	29	unk
Miscarriage	Unplanned	12	*
High Risk	Planned	*	unk
Pregestational Diabetes	Unplanned	20+5	*



Reason	Planned?	GA/Xfer	Outcome
Hx siezures	Unplanned	29	*
GDM	Planned	36+2	*
GDM	Planned	35+2	*
GDM	Planned	36	*
Cholestasis	Unplanned	31+5	*
Increased risk of PTL/PTD	Unplanned	28+2	*
GDM	Planned	36+5	*
GDM	Planned	36+5	*
PROM Thick Meconium	Unplanned	41+2	NSVD
PIH	Planned	37	*
Pre-E	Unplanned	38	*
COVID 19	Unplanned	34+5	CS
Gestational Diabetes	Unplanned	38+2	NSVD
Post Dates	Unplanned	42+0	C/S, Elective Repeat
Post-Dates, Maternal Choice	Planned	41+3	C/S, Elective Repeat
Cholestasis	Unplanned	38+0	NSVD
Planned hospital birth	Planned	39+2	NSVD
Oligohydramnios	Unplanned	39+3	NSVD
Gestational Hypertension, maternal choice	Planned	39+2	NSVD
Preterm PROM	Unplanned	35+5	NSVD
Absent mvmt & FHT	Unplanned	38+2	NSVD
Decreased Amniotic Fluid	Unplanned	40+2	NSVD
Polyhydramnios	Planned	39+6	NSVD
Increased BP	Planned	39+2	CS
Chose hospital for epidural	Planned	39+5	NSVD
Preterm labor, PPRM	Unplanned	35+2	CS
PROM - no labor >24 hrs	Planned	40+1	NSVD
Positive Hep C	Planned	13	*
SAB	*	10	*
Low AFI	Planned	40	NSVD
SAB	*	10	*
Breech	Planned	40	CS
Hydronephrosis and Kidney stones	Planned	26	*
Pre-Eclampsia	Planned	32	CS
SAB	*	12	*
SAB	*	10	*
Borderline Hypertension	Planned	39	*
SAB		11	*
Fetal Demise	*	14	*
Post dates, no S&S labor	Planned	41	CS
Fibroids	Planned	27	*
Kidney Stones	Planned	35	*
Breech	Planned	38	CS
Maternal & Fetal Demise-Drug Overdose	*	32	*
Breech	Planned	35	CS
Preg induced HTN	Planned	40	NSVD
Excessive Bleeding and Abdominal Pain	Unplanned	40.2	NSVD
Cholestasis	Unplanned	36.6	CS
Anencephaly	X	20	TAB
Gestational diabetes	Planned	32	unk
prolonged ROM without labor	Unplanned	38	forceps
postdate induction	Planned	42	NSVD
pre-term labor	Unplanned	34	NSVD
postdate induction, low fluid	Unplanned	41	CS
induction for hypertension	Unplanned	40	NSVD
induction for hypertension	Unplanned	38	NSVD
Risked out of care	Planned	38	unk
PROM	Unplanned	32	NSVD



Reason	Planned?	GA/Xfer	Outcome
Breech Presentation	Planned	38	CS
Client Requested induction	Planned	40.5714	CS
IUGR	Planned	36.2857	CS
PROM	Unplanned	35.7143	NSVD
Cholestasis	Planned	37.1429	NSVD
Fetal Bradycardia	Planned	40.7143	CS
PIH	Planned	40.4286	CS
BPP 6/8	Planned	38.7143	NSVD
Failed BPP	Unplanned	41	NSVD
Breech @ term	Unplanned	41	CS
Trisomy 21	Unplanned	25	*
PTL	Unplanned	36	NSVD
Breech	Unplanned	40	CS
Planned Repeat C Sec	Planned	36	CS
COVID	Unplanned	39	NSVD
Breech	Unplanned	35	CS
Oligohydramnios	Unplanned	37	CS
Drugs	Unplanned	20	*
Primary VBAC	Planned	36	CS
Polyhydramnios	Unplanned	39	NSVD
PTL	Unplanned	31	*
Decreased FM	Unplanned	30	*
Macrosomia	Unplanned	41	9#4 Vag
Pericardial Effusion	Unplanned	39	No issues c/- heart; NSVD
Bleeding @ 36wga	Unplanned	36	Tri 21 NSVD
P-PROM	Unplanned	33	NSVD
HTN	Unplanned	38	Unassisted Breech
Twins	Unplanned	28	CS
Primary VBAC	Planned	38	Repeat CS
Breech	Unplanned	36	CS
IUGR	Unplanned	32	*
GDM	Unplanned	27	NSVD
Breech	Unplanned	37	CS
GDM	Unplanned	37	NSVD
IUGR	Unplanned	34	CS
Oligohydramnios	Unplanned	41	CS
P-PROM	Unplanned	36	NSVD
P-PROM	Unplanned	33	NSVD
HTN	Unplanned	40	NSVD
Low Hemoglobin	Unplanned	37.5	NSVD
PROM at 31wks, hospitalized, delivery at 36wks	Unplanned	36	NSVD
Breech	Unplanned	39.5	CS
Breech	Unplanned	38.3	CS
Premature SROM	Unplanned	34	NSVD
Low fetal heart tones	Unplanned	39.5	IUFD/Vag Birth
Breech presentation	Planned	37	CS
Cholestasis	Planned	34	Induced NSVD
Preterm labor	Unplanned	31.5	unk
Severe Covid Infection	Unplanned	36	unk
Preterm labor, placenta previa dx in labor	Unplanned	32	CS
PIH	Unplanned	38	NSVD
OB recommended Induction for Hx Cholestasis	Planned	38	NSVD
Hypertension (PIH)	Unplanned	36	NSVD
42 WGA - No spontaneous labor	Unplanned	42	CS
41 WGA, BPP + NST Concerning	Unplanned	41	NSVD
PIH	Unplanned	38	NSVD
IUGR	Unplanned	37	NSVD
Missed SAB	Unplanned	12	Unk



Reason	Planned?	GA/Xfer	Outcome
Postdates	Unplanned	42	7/10 SVD 8lbs
Fetal Demise	Unplanned	15	spontaneous SAB at home
Breech	Planned	36.5	C/S
Congenital heart defect	Planned	23	unk
Trisomy 13	Planned	16	unk
Preterm/Pre-Eclampsia	Unplanned	31.4	Vaginal 3lbs 6oz
Pre-Eclampsia	Unplanned	37.2	C/S 6lbs 14oz
Cholestatic	Planned	37	NSVD
Preeclampsia	Unplanned	27.4	unk
Twins	Unplanned	16.4	unk
Preterm contractions	Unplanned	28.2	Vaginal Delivery
DIH	Unplanned	41.1	CS
Rape	Unplanned	38	Vaginal
Variability none	Unplanned	37	CS
Breech	Planned	37	CS
Hypertension	Unplanned	38	NSVD
Hypertension/Pre-Eclampsia	Unplanned	33	NSVD
Fetal Cyst on lungs, transferred to high risk OB	Planned	21	CS
Hypertension	Planned	24	Has not delivered yet
Post dates, never went into labor	Planned	42	CS
Pancreatitis	Planned	37	CS
Post dates, oligohydramnios	Planned	41.3	NSVD
diabetes	Planned	39.2	NSVD
Repeat c/s	Planned	39.5	CS
Post dates, non reactive NST	Planned	40.4	CS
Preeclampsia	Planned	30.6	CS
Post-dates - Failed BPP	Unplanned	41	NSVD
Pregnancy Induced Hypertension	Unplanned	39	NSVD
Postdates	Planned	41	NSVD
Postdates	Planned	41	NSVD
Breech @ Term/ECV Unsuccessful EMFM	Planned	38	CS
Postdates	Planned	41	CS
Pre-Eclampsia	Unplanned	38	CS
Postdates	Planned	41	NSVD
Induction for + HGB, mgm referral	Planned	40.3	CS
Preterm vaginal bleeding	Unplanned	26.4	CS
Refaced fetal movement	Unplanned	40.3	VBAZC
HTN - induction	Planned	37.5	NSVD
42w induction	Planned	42	NSVD
Pain mgt in early labor	Unplanned	40.2	NSVD
Induction ICP	Unplanned	37	NSVD
Genetic testing positive downs syndrome	Planned	13.4	unk
Cleft Palate - provided support until OB would accept into care	Planned	40	NSVD
Previa fibroids, sga	Planned	31	CS
Fetal acrania	Planned	14	termination
trisomy 13	Planned	11.1	termination
repeat c-sec x3	Planned	37	CS
Breech	Unplanned	35	CS
Pre-Eclampsia	Unplanned	39	NSVD
Pre-Eclampsia	Unplanned	34	NSVD
Polyhydramnios	Unplanned	30	CS
VBAC unable to get clearance	Planned	35	CS
Failure to Comply and High BP	Planned	24	Unk
Cholestasis	Planned	38	CS
Transverse Presentation	Unplanned	39	CS
Failure to Comply	Planned	13	Unk
PROM	Unplanned	35	CS
Breech at 39WGA	Planned	39	NSVD



Reason	Planned?	GA/Xfer	Outcome
Eclampsia	Unplanned	30	CS
PROM at 35 WGA	Unplanned	35.6	NSVD
Breech at 41WGA	Planned	41	CS
PROM at 34WGA	Unplanned	34	NSVD
PROM	Unplanned	37	NSVD
Preeclampsia	Unplanned	37	NSVD
Preeclampsia	Unplanned	36	CS
Induction	Unplanned	38	NSVD
Preeclampsia	Unplanned	37	NSVD
Induction	Unplanned	41	NSVD
Breech	Unplanned	37	CS
Low AFI	Unplanned	40	CS
Oligohydramnios	Unplanned	40	NSVD
Self Admitted	Unplanned	40	NSVD
Induction	Planned	40	NSVD
Induction	Unplanned	38	NSVD
Self Admitted - Covid	Unplanned	36	CS
Self Admitted	Unplanned	41	NSVD
Self Admitted	Unplanned	40	NSVD
Planned Hospital Birth	Planned	40	NSVD
Self Admitted	Unplanned	39	NSVD
PROM	Unplanned	40	CS
Planned Hospital Birth	Planned	40	CS
LM Congenital Malformations	Planned	39	NSVD
PL - Footling Breech	Planned	39.3	CS
LV - Preterm	Unplanned	36.4	NSVD
PTL	Unplanned	35	NSVD
Complete Previa	Unplanned	37	CS
Preeclampsia	Unplanned	37	NSVD
Breech	Unplanned	41	CS
Breech at Term	Unplanned	40	CS
High BP and Gestational Diabetes	Unplanned	34	NSVD
Severe Abdominal Pain	Unplanned	39	NSVD
Decreased Fetal Movement	Unplanned	40	CS
Breech at Term	Unplanned	40	CS
PIH	Unplanned	38	NSVD
Postdates	Unplanned	41	NSVD
Postdates	Unplanned	41	NSVD
IUGR	Unplanned	40	NSVD
PIH	Unplanned	40	NSVD
Failed BPP	Unplanned	41	NSVD
PIH	Unplanned	40	NSVD
Breech @ term	Unplanned	40	CS
Breech @ term	Unplanned	40	CS
Failed BPP	Unplanned	41	NSVD
Postdates	Unplanned	41	NSVD
Postdates	Unplanned	41	NSVD
Postdates	Unplanned	41	NSVD
Preeclampsia	Unplanned	37	NSVD
PTTP to OB Care due to suspected knot in (u/b) cord	Planned	31.6	Induction 39 w, NSVD
PPROM with labor, VBAC, met at hosp	Unplanned	36	in hosp NSVD
s>0. pt refused care, far from hosp	Planned	34.4	Unassisted PTD NSVD
Planned hosp deli h/o PPH, cs x3, distance fr hosp	Planned	39.4	NSVD
TOLAC planned for hosp	Planned	39.2	RCS, PROM @ 2cm
low platelets far from hospital	Planned	39.4	NSVD
Cholestasis	Unplanned	38.2	IOL, NSVD, no meds
Post dates gr.3 placenta	Unplanned	41.4	IOL, NSVD, PPH
Multiple gestation	Planned	32.3	CS



Reason	Planned?	GA/Xfer	Outcome
IOL at 41.5wga	Unplanned	41.5	NSVD
Immobilizing knee injury. Hospital birth planned	Unplanned	38	NSVD
Post Dates Induction	Planned	42	NSVD
PPROM	Unplanned	41	NSVD
PROM	Unplanned	40	NSVD
No Fetal Movement	Unplanned	37	CS
Pre-E	Planned	40	NSVD
Non-reactive NST	Unplanned	40.2	CS
Polyhydramnios	Unplanned	39.4	CS
HTN	Unplanned	40.3	CS
Failed BPP	Unplanned	41.1	CS
Fetal HR Below Baseline	X	35	*
Fetal demise	Unplanned	34	Demise no cause given; NSVD
Pre-E	Unplanned	37	NSVD
Breech	Unplanned	41.1	CS
Hypertension	Unplanned	41.5	CS
Uncontrolled GDM	Unplanned	38.5	NSVD
DFM, PIH, Client Choice	Planned	37.5	Vaginal
Pre E	Planned	40.4	vaginal
Pre E	Planned	37.4	Vaginal
Fetal Demise	Unplanned	37	Vaginal
IUGR	Unplanned	40.1	CS
IOL at 41wga after failed BPP	Unplanned	41.2	NSVD
IOL at 41wga after BPP/NST	Unplanned	41.1	NSVD
Hospital delivery due to being Covid Positive	Unplanned	39.6	NSVD
txx hospital for postdates induction	Planned	42	CS
tx to hospital for pain medication	Planned	41	NSVD
PPROM/PTL @ 34 w/ ctx	Unplanned	34	NSVD
tx to hospital prodromal & postdates induction	Unplanned	41.3	CS
tx to hospital for unexplained adb pain/BV	Unplanned	37.3	NSVD
tx to hospital PPRM	Unplanned	35.r	CS
txt to hospital postdates induction	Planned	42	NSVD
tx to hospital d/t PROM	Unplanned	39.1	NSVD
tx to hospital d/t SROM w/ heavy mec	Unplanned	40	NSVD
tx d/t elevated bp	Unplanned	39.3	NSVD
tx to hospital abn vag bleeding unknown etiology	Unplanned	39	NSVD
Thyroid Issues	Planned	36	NSVD
GDM, amplicatal by polyhydramnios	Planned	38	NSVD
Postdates + HTN	Unplanned	41	CS
Induction of Labor	Planned	41.6	CS
Failed BPP	Unplanned	41.3	CS
HTN	Unplanned	39.6	NSVD
Breech	Unplanned	37.5	CS
HTN, Reduced fm	*	37.3	NSVD
HTN	*	38.2	NSVD
Breast Cancer Dx	*	23	NSVD
PTL	*	34.4	NSVD
Rh isoimmunization	Unplanned	31	Induction of labor and vaginal delivery
Post-dates >42	Planned	42	CS
tx to OB care - financial reasons	Planned	24.1	Unk
GDM, SGA, significantly aged PL-tx to OB-hospital	Planned	36	NSVD
	Planned	13	NSVD
planned hosp deli h/o seizures on meds	Planned	40.3	NSVD
tx prior to admit - breech presentation	Planned	38	CS
planned hospital - breech	Planned	39.2	CS
planned hospital due to placenta grading	Planned	41.6	PPH, NSVD
cholestasis	Unplanned	39.6	NSVD



Reason	Planned?	GA/Xfer	Outcome
pt decided to have hosp birth	Planned	40	NSVD
Fetal congenital anomaly	Planned	26.1	Unk
Postdates	Unplanned	42+4	NSVD
Preterm Labor	Unplanned	34+6	NSVD
Pre-E	Unplanned	36+1	CS
Placental abruption	Unplanned	39+2	NSVD
Pre-E	Unplanned	35+1	NSVD
COVID+ at onset of labor	Unplanned	39	CS
COVID+ at onset of labor	Unplanned	40	NSVD
PIH	Unplanned	39	5lb 4oz NSVD
PIH, pre-eclampsia, breech	Unplanned	37	NSVD
Induction Cholestasis	Unplanned	38	NSVD
Previous C sec, desires planned repeat c section	Planned	39	CS
Hypertension	Unplanned	37	induction, vaginal birth
Cholestasis	Unplanned	38	induction, c section
Post Dates	Planned	42	NSVD
Patient moved out of state	Planned	16	unk
PPROM	Unplanned	35	NSVD
Breech Position	Planned	39	CS
GDM and PPRM	Unplanned	36	NSVD
HTN	Unplanned	40.5	NSVD
PROM, no labor	Unplanned	40	NSVD
PTL & bleeding	Unplanned	28.6	NSVD
Failed NST	Unplanned	41.3	NSVD
HTN	Unplanned	38.6	NSVD
Lack of fetal movement	Unplanned	39.3	CS
Breech Presentation	Unplanned	40	CS
PIH	Unplanned	40.2	NSVD
PROM, no ctx within 12 hrs	Unplanned	40	NSVD
Pre-Eclampsia	Unplanned	38	NSVD
PROM, no ctx within 12 hrs	Unplanned	38	NSVD
PPROM at 32+1 WGA	Unplanned	32+1	NSVD
PPROM at 34+5 WGA	Unplanned	34+5	C/S for breech
EFN > 4000 grams	Unplanned	40.2857	CS
Patient Relocated	Planned	23.3	*
Patient Relocated	Planned	25	*
Diagnostic findings - Placental insufficiency	Unplanned	37.3	NSVD
PTL	Unplanned	35.4	CS D/T Breech
SIS of HELLP/Preeclampsia	Unplanned	37.5	NSVD
PTL	Unplanned	30-1	NSVD
Post-dates	Unplanned	42-0	CS
SGA/Suspected IUGR	Planned	39-6	NSVD
PROM	Unplanned	40-1	CS
Decreased Fetal Movement	Unplanned	38.6	Fetal Death
Breech Presentation	Planned	36	CS
Severe Anemia	Planned	*	Unk
DUT & SUT	Planned	*	Unk
Twin	Planned	13	Unk
Preterm labor	Unplanned	24	CS, neonatal death
FDIU	Unplanned	36	NSVD
Placental Abruption - Antepartum	Unplanned	36	CS
Persistent Anemia	Planned	22	Unk
pregnancy of twins	Planned	17w	*
started care at 25w (primipara) + anemia + CHL	Planned	27w	*
started care at 33w (multipara)	Planned	34w	*
minor (12yo, primipara), stunted scare at 24w	Planned	24w	NSVD
sickle cell positive + hgb 8.9 when started care at 19w	Unplanned	21w	*
RPR Positive	Unplanned	13w	*



Reason	Planned?	GA/Xfer	Outcome
Hypertension	Unplanned	14w	*
Mitral valve prolapse history + started care at 32 w	Planned	33w	*
HCP B Positive	Unplanned	20w	*
Patient started care at 31w (multipara), previous c-section	Planned	34w	*
hypertension, gestational diabetes, started care at 33w	Planned	34w	*
placenta previa	Unplanned	25w	*
two previous c-sections, no ultrasound at 29w	Planned	28w	*
History of Epilepsy, started care at 27w	Planned	28w	*
hypertension, started care at 23w	Planned	34w	*
Thrombocytopenia, Postdates, IOL	Unplanned	41.1	NSVD
Severe Pre-E	Unplanned	34.1	CS
Thrombocytopenia	Unplanned	40.6	NSVD
Postdates IOL	Unplanned	41	NSVD
Postdates IOL	Unplanned	41.4	NSVD
Postdates IOL	Unplanned	41.3	CS
COVID - Sever - Intubated	*	27.2	C-Section
IUGR	*	41.2	C-Section
HTN	*	40.4	NSVD
PTL	*	35.5	NSVD
PPROM	Unplanned	34.6	NSVD
Postdates, low fluid level	Unplanned	41.4	NSVD
Postdates/Induction	Planned	42	CS
Postdates/Induction	Planned	41	CS
Hypertension/Pre-Eclampsia	Planned	32	CS
PROM	Planned	39	Vaginal
LGA	Planned	41.6	NSVD
GDM	Unplanned	42.1	NSVD
TOLAC, failure to progress	Unplanned	40	CS
Pre-Eclampsia	Unplanned	37	NSVD
GHTN	Unplanned	40.3	NSVD
Failed BPP 4/8 Induction	Unplanned	41	NSVD
Induction	Unplanned	38	CS
Preeclampsia	Unplanned	39	NSVD
Induction	Unplanned	42	CS

Table 7: Intrapartum Transfer – Full Dataset

All reported intrapartum transfers. An asterisk (*) denotes an incomplete field; data provided in this table appears as submitted by the reporting midwife.

Reason	Delivery Method	Complications	Birth Weight (g)	NICU			
				Admit?	Reason	Days	Death
Failure to progress	Vag	None	*	N	*	*	N
Premature Rupture Membranes	Vag	None	*	N	*	*	N
Failure to progress	Vag	None	*	N	*	*	N
Pain Management	Vag	None	*	N	*	*	N
Failure to progress	C/S	Breech	*	Y	Breech	*	N
Pain Management	Vag	None	*	N	*	*	N
Failure to progress	C/S	None	*	N	*	*	N
Failure to progress	C/S	None	*	N	*	*	N
Covid 19	Vag	None	*	N	*	*	N
Failure to descend	C/S	Nicked Bladder	3370	N	*	*	N
Placenta Abruption	NSVD	*	*	N	*	*	N
Arrested 2nd Stage	C/S	*	*	N	*	*	N
Placenta Abruption	C/S	*	3232	N	*	*	N
Failure to progress	C/S	*	*	N	*	*	N
Bleeding	NSVD	*	*	N	*	*	N
Arrested 2nd Stage	C/S	*	4224	N	*	*	N



Reason	Delivery Method	Complications	Birth Weight	NICU			
Failure to progress	*	*	*	N	*	*	N
Planned Hospital Delivery	NSVD	*	3856	N	*	*	N
Bleeding	NSVD	*	3742	N	*	*	N
Preterm	NSVD	*	3119	N	*	*	N
Preterm	NSVD	None	*	N	*	*	N
PROM	NSVD	None	3260	N	*	*	N
Meconium	NSVD	None	3699	N	*	*	N
Failure to progress	C/S	None	2976	N	*	*	N
Failure to progress	NSVD	None	3175	N	*	*	N
SPROM	NSVD	None	3203	N	*	*	N
Pain Management	V	None	4394	N	*	*	N
PROM; Failure to progress	NSVD	N	2778	N	*	*	N
PROM: Failure to progress	NSVD	N	3948	N	*	*	N
Failure to Progress in 1st stage labor	NSVD	N	2778	N	*	*	N
FTP	NSVD	N	3345	N	*	*	N
Pain Management	NSVD	N	3742	N	*	*	N
Prolonged labor, pain relief	NSVD	None	4338	N	*	*	N
Pain relief	NSVD	None	3317	N	*	*	N
Unstable FHT	NSVD	N	3345	N	*	*	N
Pain Mgmt	NSVD	N	3459	N	*	*	N
Meconium	CS	N	3685	N	*	*	N
PT desires pain med	Unk	*	*	*	*	*	N
FTP 1st, prolonged ROM	Unk	*	*	*	*	*	N
FTP 1st	NSVD	*	*	*	*	*	N
no fetal cardiac activity	VD	*	*	*	stillborn	*	Y
FTP 1st		*	*	*	*	*	N
Maternal Exhaustion	NSVD	*	*	*	*	*	N
FTP 1st, Prolonged ROM	NSVD	*	*	*	*	*	N
FTP	C/S	*	*	*	*	*	N
FTP 1st		*	*	*	*	*	N
FTP, prolonged ROM	NSVD	*	*	*	*	*	N
Maternal Fever w/ PROM	C/S	*	*	*	*	*	N
FTP 1st	C/S	*	*	*	*	*	N
PROM	NSVD	N	*	N	*	*	N
Thick meconium	CS	N	3204	N	*	*	N
Pain Management	NSVD	N	3515	N	*	*	N
Pain Management	NSVD	N	3799	N	*	*	N
Pain Management	CS	N	4026	N	*	*	N
Breech	NSVD	N	2863	N	*	*	N
2nd stage Arrest	CS	N		N	*	*	N
Pain Management	NSVD	N	3100	N	*	0	N
Prolonged labor	NSVD	N	3544	N	*	*	N
Breech	C/S	N	4309	N	*	*	N
Prolonged labor	C/S	N	3062	N	*	*	N
Prolonged Rom without active labor	NSVD	N	3374	N	*	*	N
COVID Positive	NSVD	N	3480	N	*	*	N
FTP Meconium	CS	N	3378	N	*	*	N
FTP	CS	N	unk	N	*	*	N
FTP Meconium	NSVD	N	4167	N	*	*	N
FTP	C/S	N	3657	N	*	*	N
PIH	NSVD	N	3034	N	*	*	N
FTP	NSVD	N	3771	N	*	*	N
FTP - 1	V	N	3402	N	*	*	N
Meconium	CS	N	3657	N	*	*	N
FTP - 1	V	N	3147	N	*	*	N
FTP - 1	V	N	3430	N	*	*	N



Reason	Delivery Method	Complications	Birth Weight	NICU			
FTP - 1	V	N	4054	N	*	*	N
FTP - 2	V	N	3742	N	*	*	N
FTP - 1	V	N	3345	N	*	*	N
Pain Management	V	N	3402	N	*	*	N
FTP - 1	V	N	3629	N	*	*	N
Meconium	V	N	3742	N	*	*	N
FTP - 1	CS	N	3742	N	*	*	N
Failure to progress	SVD		2807	Y	*	4	N
SROM >12hrs with no ctx	C/S		3033	N	*	*	N
Failure to Progress	C/S		3289	N	*	*	N
Breech	C/S	N	3260	N	*	*	N
Failure to progress	C/S	N	3686	N	*	*	N
Failure to progress	NSVD	N	3544	N	*	*	N
Post dates	C/S	Increased BP	3884	N	*	*	N
Failure to progress	C/S	N	3629	N	*	*	N
ROM x 24 hours	C/S	N	3969	N	*	*	N
Failure to progress	C/S	N	3941	N	*	*	N
ROM x 24 hours	NSVD	N	3515	N	*	*	N
Pain relief	Vag	N	4309	N	*	*	N
Stalled labor 2nd stage	Vag	N	3544	N	*	*	N
MSAF/prolonged labor	CS	Uterine Rupture NB Brain Damage	4593	Y	56 Days	56*	N
Hypertension	NSVD	N	2665	N	*	*	N
Pain Management	NSVD	N	4054	N	*	*	N
Pain Management	NSVD	N	3600	N	*	*	N
Pain Management	NSVD	N	3912	N	*	*	N
Unassisted birth/still birth	NSVD	Patient unknowingly in labor, gave birth on toilet to stillborn; Patient later diagnosed with HELLP Syndrome	2438	N	*	*	Y
Pain Management	NSVD	N	3657	N	*	*	N
MSAF	NSVD	N	3799	N	*	*	N
Augmentation	CD	FTP, NRFVIR, PPROM, Mod Mec, GBS+	3572	N	*	*	N
FTP, PROM	Vag	N	2495	N	*	*	N
Breech	C/S	N	3175	N	*	*	N
FTP, PROM, Mec	C/S	N	3714	N	*	*	N
Covid+	Vag	N		N	*	*	N
Pregnancy HTN	Vag	N	3232	N	*	*	N
PROM, FTP	C/S	N	2665	N	*	*	N
Pre term labor	C/S	N	1558	Y	observation	3	N
Pain Management	Vag	N	3232	N	*	*	N
Pain Management	C/S	N	4309	N	*	*	N
Pain Management	Vag	N	3374	N	*	*	N
Pain Management	Vag	N	3714	N	*	*	N
help with induction	C/S	N	3714	N	*	*	N
preterm	C/S	N	2268	Y	observation	2	N
placental partial abruption	C/S	N	3657	N	*	*	N
Pain Management	Vag	N	4536	N	*	*	N
oligohydramnios	C/S	N	3714	N	*	*	N
preterm	C/S	N	1446	Y	*	8 wks	N
PROM	C/S	N	2750	N	*		N
PROM with Heavy Meconium	NSVD	N	3969	Y	NICU	*	N



Reason	Delivery Method	Complications	Birth Weight	NICU			
					observation		
Maternal exhaustion/FTP	CS	N	4479	N	*	*	N
PPROM	NSVD	N	2126	Y	*	*	N
Fetal Demise	C/S	Uterine rupture	3402	N	*	*	Y
FTP, Fetal Distress	C/S	N	3147	N	*	*	N
PPROM	NSVD	N	2523	N	*	*	N
PROM, FTP	C/S	N	3884	N	*	*	N
Pain Management	SVD	N	2920	N	*	*	N
PROM	SVD	N	3600	N	*	*	N
Pain Management	SVD	N	3260	N	*	*	N
Prolonged 1st Stage	SVD	N	3600	N	*	*	N
Pain Management	SVD	N	3147	N	*	*	N
Pain Management	CS	N	3799	N	*	*	N
PTL	NSVD	N	2807	N	*	*	N
Maternal exhaustion	RCS	NRFHT after epidural	3628	Y		3	N
Covid+	NSVD	N	3374	N	*	*	N
Placental Abruptio	RCS	N	3430	N	*	*	N
NRFHT	VBAC	N	3572	N	*	*	N
NRFHT	NSVD	N		N	*	*	N
Pain mgt	NSVD	N	3544	N	*	*	N
NRFHT	RCS	N	3799	N	*	*	N
Questionable presentation	RCS	Thick Mec		Y	*	3	N
PPROM	CS	N	3062	N	*	*	N
PROM-FTP	NSVD	N	2920	N	*	*	N
Pain Mgt	VBAC	N	3374	N	*	*	N
Low AFI	CSEC	"lack of decent"	3487	N	*	*	N
Unexplained vaginal bleeding	Vaginal	induced	3771	N	*	*	N
Unexplained vaginal bleeding	Vaginal	D & C >/= placenta delivered blood transfusion	3487	N	*	*	N
Suspected breech	CSEC	Breech		N	*	*	N
Suspected breech	CSEC	Breech	3345	N	*	*	N
failure to progress	C/S	N	4082	N	*	*	N
failure to progress	SVD	N	3119	N	*	*	N
Non Reassuring FHT's	SVD	N	3629	N	*	*	N
Post dates - no ctx	NSVD	N	3685	N	*	*	N
HTN >4hr pushing	NSVD	N	3742	N	*	*	N
MSAF	NSVD	N	*	N	*	*	N
MSAF	CS	N	*	N	*	*	N
FTP	V	N	1985	N	*	*	N
Shoulder Dystocia	V	N	4423	Y	Observation		N
Pain Management	V	N	3487	N	*	*	N
Non Reassuring FHT's	C/S	Cord Compression	1531	N	*	*	N
Face presentation	C/S	None	3402	N	*	*	N
Pain Management	NSVD	N	3350	N	*	*	N
Stalled Labor	NSVD	N	3350	N	*	*	N
Pain Management	NSVD	N	3062	N	*	*	N
FTP	CS	N	4082	N	*	*	N
Pain Management	CS	N	3345	N	*	*	N
Prolonged Rom without active labor	CS	N	3232	N	*	*	N
Pain Management	NSVD	Vaginal Hematoma	2722	Y	*	4	N
Fetal Distress	C/S	N	3260	N	*	*	N
FTP	C/S	N	3459	N	*	*	N
Fetal Distress	C/S	N	3317	N	*	*	N



Reason	Delivery Method	Complications	Birth Weight	NICU			
Face presentation	C/S	N	3005	N	*	*	N
Failure to Progress	NSVD	N	unk	N	*	*	N
High BP	NSVD	N	3033	N	*	*	N
Pain Management	NSVD	N	3147	N	*	*	N
Meconium	NSVD	N	4423	N	*	*	N
FTP	C/S	*	3742	N	*	*	
Patient Choice	NSVD	*	3600	N	*	*	
FTP	NSVD	*	3600	N	*	*	
PIH/FTP	C/S	*	3544	N	*	*	
Fetal Distress	NSVD	*	3289	N	*	*	
FTP	C/S	*	4309	N	*	*	
Maternal fever in labor	NSVD	Breech	*	N	*	*	N
Prolonged 2nd stage	Vaginal	No complications with VAC assistance	*	N	*	*	N
PTL	NSVD	N	3317	N	*	*	N
Pain Relief	C/S	Surgical Infection	3969	N	*	*	N
Pain Relief	NSVD	N	3232	N	*	*	N
Heavy Meconium stained fluid	C/S	N	3544	Y	Antibiotic treatment	5	N
Pain Relief	NSVD	N	4763	N	*	*	N
Pain Relief	NSVD	N	3317	N	*	*	N
Malpresentation & maternal exhaustion	CS	N	3289	N	*	*	N
Pain management during early labor hours	NSVD	N	3884	N	*	*	N
Prolonged PROM	NSVD	N	4139	N	*	*	N
Preterm Labor @ 24w5d	CS	Severe prematurity	624	Y	*	unk	N
Failure to progress/maternal exhaustion	CS	Paternal uterine rupture	*	N	*	*	N
Prolonged PROM	CS	N	2863	N	*	*	N
Prodraomal labor, malpresentation, pain management	NSVD	N	3289	N	*	*	N
PROM >12 hrs before without active labor	NSVD	N	*	N	*	*	N
Non-Reassuring FHT, Category II	CS	N	4309	N	*	*	N
Fetal Intolerance of Labor	Vaginal	N	3345	N	*	*	N
Prolonged ROM/Failure to progress	CS	N	3232	N	*	*	N
Failure to progress	NSVD	VBAC	3345	N	*	*	N
Pain Relief	CS	LGA/Polyhydro	3997	N	*	*	N
Fetal decels	NSVD	LGA	4054	N	*	*	N
Requests Pain Relief	NSVD	*	4309	N	*	*	N
Bleeding 1st Stage	NSVD	*	3771	N	*	*	N
Dec Laceration FH2	CS	NA	3685	N	*	*	N
Failure to progress in 2nd stage	CS	PPH	3544	N	*	*	N
ROM x 24 hours	Va	N	3402	N	*	*	N
Low AFT on BPP	Va	N	4082	N	*	*	N
Failed 2nd stage	Va	N	3799	N	*	*	N
PROM at 34 wga	Vag	Preterm at 35 on 07/03/2022	2495	Y	*	*	N
Preterm labor and HELLP	Ces	Preterm 35wga	2381	Y	*	*	N
PPROM with no ctrx	NSVD	N	2807	N	*	*	N
Prolonged 2nd stage	CS	N	4394	N	*	*	N
Failure to progress	CS	N	3771	N	*	*	N
Failure to progress	CS	N	3289	N	*	*	N



Reason	Delivery Method	Complications	Birth Weight	NICU			
Failure to progress	CS	N	3657	N	*	*	N
PROM	NSVD	N	3629	N	*	*	N
1st stage arrest PROM	NSVD	N	3629	N	*	*	N
2nd stage arrest	NSVD	N	3544	N	*	*	N
Thick Mec	NSVD	N	3827	N	*	*	N
1st stage arrest exhaustion mec	NSVD	N	4026	N	*	*	N
2nd stage arrest PROM Pain relief	CS	N	2920	N	*	*	N
Non-Reassuring FHT	NSVD	N	3657	N	*	*	N
Pain Relief	NSVD	N	2920	N	*	*	N
Precipitous began pushing unabled to get to BC	NSVD	N	3289	N	*	*	N
Thick meconium with SROM during 1st stage	NSVD	N	2778	N	*	*	N
Breech presentation during intrapartum	CS	N	2807	N	*	*	N
Pain Management by Patient Choice	NSVD	N	2778	N	*	*	N
Pain Management by Patient Choice	NSVD	N	3175	N	*	*	N
Pain Management by Patient Choice	NSVD	N	3402	N	*	*	N
Pain Management by Patient Choice	NSVD	N	3515	N	*	*	N
Choice	Vag	N		N	*	*	N
Choice	Vag	N	2750	N	*	*	N
1st stage arrest	Vag	N	3430	N	*	*	N
PROM/FTP	Vag	N	3742	N	*	*	N
SROM > 12hrs vag	Vag	N	2863	N	*	*	N
Choice	C/S	N	3941	N	*	*	N
Choice	Vag	N	3204	N	*	*	N
Maternal Exhaustion	Vag	N	3033	N	*	*	N
FTP/Hypertension	NSVD	Pre-eclampsia	2211	N	*	*	N
Malpresentation & maternal exhaustion	NSVD	N	3289	N	*	*	N
FTP	CS	N	3771	N	*	*	N
PPROM	NSVD	N	2807	N	*	*	N
Pain Management	NSVD	N	4734	N	*	*	N
FTP/Hypertensive	CS	N	3118	N	*	*	N
Breech	CS	N	3374	N	*	*	N
1st Stage Arrest	Vag	N	2948	N	*	*	N
PROM, FTP	Vag	N	3771	N	*	*	N
PROM, FTP	Vag	N	3289	N	*	*	N
FTP	C/S	N	2920	N	*	*	N
Maternal Choice C/ did not come in for eval	unk	unk	*	unk	unk		unk
1st Stage Arrest	Vag	N	5160	Y	hirschsopnings	2	
1st Stage Arrest	Vag	N	3204	N	*	*	N
PROM >24, 1st Stage Arrest	C/S	N	3374	N	*	*	N
Pain Relief	Vag	N	4139	N	*	*	N
Breech presentation in labor	CS	N	*	N	*	*	N
Pain management	NSVD	N	3714	N	*	*	N
Arrest of descent	NSVD	N	4026	N	*	*	N
Maternal exhaustion	CS	N		N	*	*	N
Arrest of progress/pain management	NSVD	N	3317	N	*	*	N
Prolonged PROM, IOL	NSVD	N	3742	N	*	*	N
Pain Management	Vaginal	N	3600	N	*	*	N
Moderate Meconium	unk	*	*	*	*	*	*



Reason	Delivery Method	Complications	Birth Weight	NICU			
transfer for pain management	C/S	*	3260	N	*	*	N
Tx for pain mtg	NSVD	*	3033	N	*	*	N
Tx d/t FTP	NSVD	*	3146	N	*	*	N
Tx FTP d/t fibroid	NSVD	*	4167	N	*	*	N
Failure to progress	NSVD	N	3317	N	*	*	N
HTN	SVD	PP HTN - BP Med	3629	N	*	*	N
FTP/pain management	NSVD	N	3572	N	*	*	N
PROM, PITOCIN Augmentation	NSVD	N	4026	N	*	*	N
Preterm Labor	NSVD	N	2552	N	*	*	N
PROM, PITOCIN Augmentation	NSVD	N	3686	N	*	*	N
PROM, PITOCIN Augmentation	NSVD	N	3374	N	*	*	N
Failure to progress	Vaginal	N	3345	N	*	*	N
Heavy Mec	C/S	N	4904	N	*	*	N
FTP	C/S	N	4479	N	*	*	N
Pain Management	NSVD	N	unk	N	*	*	N
PROM	NSVD	PP Pre-E	4167	Y	*	5	N
FTP, Heavy Mec	C/S	N	4082	Y	*	2	N
FTP	C/S	HTN, PP Infection	3685	N	*	*	N
Labor Augmentation and Pain Management	VAC	N	3459	N	*	*	N
Labor Augmentation and Pain Management	NSVD	N	3430	N	*	*	N
Failure to progress, prolonged rupture, maternal fever, elevated BP	C/S	Uterine rupture	3686	N	*	*	N
arrest of descent, maternal exhaustion	Unk	*	*	*	*	*	*
FTP	C/S	N	3827	N	*	*	N
Non-Progressing Labor	NSVD	N	*	N	*	*	N
PROM, GBS, Non-Progressing	NSVD	N	*	N	*	*	N
Non-Progressing Labor	NSVD	N	*	N	*	*	N
Non-Progressing Labor	NSVD	N	*	N	*	*	N
Failure to progress	CS	N	3544	N	*	*	N
Failure to progress	NSVD	PP - Pre-eclampsia	4224	N	*	*	N
Breech & SROM	CS	N	2637	N	*	*	N
Breech & SROM	CS	N		N	*	*	N
malposition	CS	N	3997	N	*	*	N
thick mec	NSVD	3rd lac	3685	N	*	*	N
pain relief	NSVD	N	4309	N	*	*	N
FTP	C/S	*	3232	N	*	*	N
FTP/Prolonged ROM	NSVD	*	2948	N	*	*	N
Hypertension in labor	NSVD	*	3345	N	*	*	N
Prodromal labor x 48hrs	NSVD	*	3289	N	*	*	N
Induction	C/S	N	3657	N	*	*	N
Thick Meconium	NSVD	N	3883	N	*	*	N
Pain Management	CS	N	3345	N	*	*	N
Pain Management	NSVD	N	3685	N	*	*	N
Failure to progress	CS	N	4026	N	*	*	N
MSAF	NSVD	N	3459	N	*	*	N
Pain management	CS	failure to progress	3402	N	*	*	N
Pain management	NSVD	n	3374	N	*	*	N
fetal demise	VD	fetal death	3118	N	*	*	N
unspecified abdominal pain w/ TDLAC	C/S	Hemorrhage	4139	N	*	*	N
Failure to progress	NSVD	NA	*	N	*	*	N
Fetal intolerance of labor, TFP	VAC	N	3856	N	*	*	N
Maternal Exhaustion	NSVD	N	*	N	*	*	N



Reason	Delivery Method	Complications	Birth Weight	NICU			
PRM	NSVD	N	3430	N	*	*	N
PRM	CS	N	2580	N	*	*	N
PIH	NSVD	N	4167	N	*	*	N
PRM	CS	N	3856	N	*	*	N
Meconium	NSVD	N	3997	N	*	*	N
Pain management	CS	N	3912	N	*	*	N
NRFHT	NSVD	N	3912	N	*	*	N
FTP	RES	N	3685	N	*	*	N
Preterm 3b'	NSVD	N	2892	N	*	*	N
FTP	CS	N	3657	N	*	*	N
HTN	NSVD	N	3799	N	*	*	N
Planned Hospital Birth	NSVD	N	*	N	*	*	N
Maternal Exhaustion	NSVD	N	*	N	*	*	N
FHT Decelerations	NSVD	N	*	N	*	*	N
Prolonged Pushing >4 Hrs	C-Sec	N	*	N	*	*	N
Failure to progress	NSVD	N	*	N	*	*	N
Maternal pain management requested	NSVD	N	3997	Y	Respiratory distress	24 hrs	N
Failure to progress second stage	NSVD	N	3967	N	N	*	N
Thick Meconium	NSVD	N	3572	N	N	*	N
Maternal pain management requested	C/S	N	3402	N	N	*	N
Breech	C/S	N	3175	N	N	*	N
Failure to progress second stage	NSVD	N	3856	N	N	*	N
Maternal pain management requested	NSVD	N	3090	N	N	*	N
Maternal pain management requested	NSVD	N	3232	N	N	*	N
Maternal pain management requested	NSVD	N	3232	Y	Meconium aspiration	3	N
Prolonged rupture of membranes	NSVD	N	2778	N	N	*	N
Failure to progress/moderate meconium	NSVD	N	3402	N	N	*	N
Face presentation	C/S	N	3997	N	N	*	N
PROM, FTP	C/S	Chorioamnionitis	3714	Y	abx after chorio	7	N
PROM, FTP	NSVD	N	3629	N	*	*	N
Failure to progress	C/S	N	4252	N	*	*	N
FHR Decels	NSVD	N	3020	N	*	*	N
HTN	NSVD	N	3401	N	*	*	N
PROM-insufficient ctx	NSVD	VBAC	3657	N	*	*	N
PROM-insufficient ctx	C/S	*	3714	N	*	*	N
non-medical reasons		*	3912	N	*	*	N
maternal exhaustion & pain management	C/S	*	3260		*	*	
non-medical reasons		hx neonatal death	*	*	*	*	*
non-medical reasons		*	3430	*	*	*	*
maternal exhaustion	NSVD	Failed GCT, passed GTT	3515	N	*	*	N
Hypertension	NSVD	N	3090	N	*	*	N
Maternal exhaustion	NSVD	N	3289	N	*	*	
Pain management	unk	N		N	*	*	N
Pain management	NSVD	N	2977	unk	*	*	unk
MSF	VAG	3rd degree laceration	*	N	*	*	N
FTP/Prolonged ROM	NSVD	*	*	N	*	*	N
Fetal Distress	C/S	N	3005	N	*	*	N
Maternal Exhaustion	NSVD	N	3572	N	*	*	N



Reason	Delivery Method	Complications	Birth Weight	NICU			
Bleeding/Placental abrupt	NSVD	N	2551	N	*	*	N
Maternal Exhaustion	C/S	N	3628	N	*	*	N
Maternal Exhaustion	C/S	N	3612	N	*	*	N
Facial Presentation	C/S	N	4025	N	*	*	N
Bleeding/Placental abrupt	NSVD	N	3288	N	*	*	N
Hypertension	C/S	N	*	N	*	*	N
Prolonged 2nd stage	VAG	N	*	N	*	*	N
Pain Management	VAG	N	*	Y	Neumothorax		N
Failure to Progress	C/S	N	*	N	*	*	N
Failure to Progress	VAG	N	*	N	*	*	N
Failure to Progress	VAG	N	*	N	*	*	N
Maternal Exhaustion	NSVD	N	3629	N	*	*	N
Maternal Exhaustion	NSVD	N	3856	Y	chorioamnionitis, meconium		N
Fetal bradycardia	C/S	N	3941	N	*	*	N
Pain Management	NSVD	N	3430	N	*	*	N
PROM - No UCIS @ 12hr	C/S	N	4451	Y	Mec Asp	2	N
Fetal Decels	C/S	N	3459	N	*	*	N
Pain Mgmt	NSVD	N	3487	N	*	*	N
Meconium	NSVD	N	3033	N	*	*	N
PROM - IOL	C/S	N	3402	N	*	*	N
Pain Mgmt - IOL	C/S	N	3430	N	*	*	N
Placental Abruption	C/S	N	2551	N	*	*	N
FTP	C/S	Unk	unk	N	*	*	N
FTP	NSVD	NA	3402	N	*	*	N
FTP/request pain relief	NSVD	N	4309	N	*	*	N
FTP/PROM	NSVD	N		N	*	*	N
Failure to progress	VAD	N	3798	N	*	*	N
planned by client to labor at home with midwife + transfer to hospital for delivery	NSVD	N	3700	N	*	*	N
1st stage arrest	Vaginal	N	3430	N	*	*	N
1st stage arrest	C/S	N	3856	N	*	*	N
Non-reassuring FHTs	Vaginal	N	2977	N	*	*	N
1st stage arrest	C/S	N	3799	N	*	*	N
Pain Management	Vaginal	N	3572	N	*	*	N
PROM	CS	N	3502	N	*	*	N
Meconium	Vaginal	N	3402	N	*	*	N
1st Stage Arrest	CS	N	3827	N	*	*	N
PROM	Vaginal	N	3504	N	*	*	N
Failure to progress	V	N	2722	N	*	*	N
Failure to progress	V	N	3827	N	*	*	N
Failure to progress	CS	CPD	4167	unk	*	*	unk
Nonreactive NST	NSVD	*	4252	N	*	*	N
Pain Management	NSVD	*	3997	unk	*	*	unk
Pain Management by maternal choice	CS	N	3232	N	*	*	N
Intrapartum bleeding during second stage	NSVD	N	3118	N	*	*	N
Pain Management by maternal choice	VAVD	Required vacuum assistance in 2nd stage	2778	N	*	*	N
Failure to progress in first stage	CS	N	3884	N	*	*	N
Patient Choice	NSVD	N	2438	N	*	*	N
Failure to progress in first stage	CS	N	3827	N	*	*	N
Pain Management	NSVD	*	3180	N	*	*	N
Pain Management	C/S	*	2820	N	*	*	N
Failure to Progress	VBAC	2nd Degree Tear	3600	N	*	*	N



Table 8a: Postpartum Transfer Data (Client) – Full Dataset

All reported client postpartum transfers. An asterisk (*) denotes an incomplete field; data provided in this table appears as submitted by the reporting midwife.

Reason	Hospital Days	Outcome
4th degree laceration	1	Good
Hemorrhage	5	Manual removal of clots/stable
Suturing	0	Sutured & sent home
3rd degree tear	<1	repair completed
Perineal Repair	0	Stable Condition
3rd Degree Laceration Repair Needed	<1	repaired & discharged home same day
3rd Degree Laceration Repair Needed	<2	repaired & discharged home same day
Laceration	1	MD Sutured
Retained Placenta	2	Manual Removal
Retained Placenta	0	No issues/discharged opto removal
PPH	>12 hr	Normal, healthy no blood transfusion
PPH	2	Normal, healthy no blood transfusion
3rd Degree Laceration	0	Repaired/discharged/????
Postpartum Hemorrhage	3	Client received 2 units of blood, stable & healthy
3rd degree laceration	1	Repaired & Discharged Same Day
3rd degree laceration	1	Repaired & Discharged Same Day
retained placenta fragments, PPH	1	stable resolved
#3 perineal laceration	0.5	stable resolved
Pain mgmt post delivery	<12 hrs	Stable
Infection & Pain	5-Apr	D/C'd Home on IV ABX & Follow up w/ Surgeon & Specialists
Late PPH	NA	D&C Blood Clots
Respiratory Distress	10	Healthy, stable
3rd degree lac - rerepaired + d/c	0	discharged home wwl 2 hours
PPH, retained products	3	stabel, rec'd blood transfusion
Late postpartum hemorrhage	6	Hysterectomy, blood transfusions
Late postpartum hemorrhage	1 & 3	U/S completed, Fe recommended. Returned to hospital on 10/25 for late PPH, was given blood
PPH	5	WNL after blood transfusion
PP Hemorrhage - partially detached placenta	4	Transfusion, d&c
PP Hemorrhage - pudendal artery	2	No transfusion, sutured and monitored
3rd degree LAC	24 hrs	stable after repair
PP Instability	<48 hrs	stable after rest
Pain mgmt post delivery	<24 hrs	stable after meds
Retained Placenta	<24 hrs	stable after manual removal
4th degree laceration	<1	normal/stable
3rd Degree laceration	0	Stable/Healthy
Late postpartum hemorrhage	2	Declined blood transfusion, severe anemia
postpartum preeclampsia	2	Monitoring BP, medications given
Retained placenta	0.5	Manual removal, stable on discharge
3rd Degree Tear	1	Stable
3rd degree tear	2	Stable
retained placenta	5 hrs	m/b stable, normal PP
Abnormal Bleeding	1	Good Condition
PPH	2	Blood transfusion
3rd degree laceration	6 hrs	lac repaired
Third Degree Laceration	4 hrs	Good, Repair
Retained Placenta	1	*
PPH	1	Stable, healthy
Retained Placenta	Not admitted	Stable, tired
PPH, Retained Placenta	3	Stable

Reason	Hospital Days	Outcome
postpartum hemorrhage	2	recovery after monitoring for 36 hours
Retained Placenta	1	Blood transfusion
Retained Placenta	1	severe anemia
Retained Placenta	1	severe anemia
PP Hemorrhage	1	Stable at d/c
Retained Placenta	2	WNL, released home without concern
Hemorrhage	2	Manual extraction of piece of placenta, blood transfusion
Retained placenta	1	Placenta expelled on it's own at hospital
3rd degree laceration	1	sutured and stable
PPH	1	Retained placental fragments removed - stable upon discharge
Retained Placenta	1	Stable
3rd degree laceration	Not admitted	Healthy, stable
3rd degree laceration	Not admitted	Healthy, stable
3rd degree laceration	Not admitted	Healthy, stable
Hemorrhage	1	Stable
PPH	2	Blood transfusion - Discharged home
Laceration repair/varicosit	0	repaired + sent home in 1 hr.
Suspected retained placenta fragments	1	stable
3rd degree repair	1	repaired by OB and D/C next day

Table 8b: Postpartum Transfer Data (Newborn) – Full Dataset

All reported newborn postpartum transfers. An asterisk (*) denotes an incomplete field; data provided in this table appears as submitted by the reporting midwife.

Reason	Birth Weight (g)	APGARS		NICU Admit?	Days	Outcome
Respiratory distress	390	6	8	Y	4	CPAP 3 days/stable
MAS	3317	8	8	Y	5	Good
Poor appgar, unresponsive	3374	3	5	Y	*	Baby fine
S&S respiratory distress	3572	8	9	Y	*	Baby fine
Tachynea of Newborn	3062	1	6	Y	3	Baby released to parents at day 3
Transient Tachypnea	3345	9	9	N	*	observed and discharged same day
NB Retractions/MSAF	2863	2	8	Y	2	Normal/Healthy
Post Resuscitation care	3402	6	7	N	*	discharged and healthy
Heavy Meconium	4337	9	9	Y	9	Baby was placed on CPAP, antibiotics & was sent home healthy no complications
Shoulder Dystocia	4536	1		Y	4	Death due to HIE
Post Resuscitation check	4422	0/5	8	Y	3	WNL
Respiratory distress	3089	4	4/6	Y	7	Discharged home
Respiratory distress	2892	5	4/6	Y	4	Discharged home
SGA at term	2268	6	9	N	*	Discharge on 01/12/2022 after car seat test
Shoulder Dystocia, resuscitation required	5018	0	unk	Y	unk	Discharged to home; transferred prior to 5min APGAR
Undiagnosed Pierre-Robin Sequence	4479	4	8	Y	current	Admitted to hospital for planned surgery
Low Birth Weight	2041	8	10	N	*	Discharged home within hours
Low APGAR - Precautionary	*	2	5	Y	>72	Baby is fine now. CI did not communicate after a certain time
5 min SD - Precautionary	3742	4	6	N	0	Baby is fine - Parents wanted eval at hosp.



Reason	Birth Weight (g)	APGARS		NICU Admit?	Days	Outcome
Low FHT, Failed CCHD	4054	6	9	Y	6	Discharged home
dystocia, low oxygen	*	0	3	Y	2	baby healthy and living
Transient Tachypnea	3118	8	9	Y	2	Good
Transient Tachypnea	3146	7	9	Y	4	Good
Eval p/- resuscitation	2750	1	5/9	N		Discharged @ 4 hrs
Breathing	2971	9	9	Y	6	Released Breathing WNL
wet lungs, abnormal breathing pattern	3515	8	9	Y	3.5	All test WNL, sent home with no concerns
Tachypnea	3685	9	9	Y	1	TTN
Tachypnea/Tremors	3912	9	10	Y	5	Intracranial Hemorrhage
Tachypnea	3572	5	7	Y	2	R/o infection, discharge to home
RDS	3771	9		Y	4	Stable
RDS	2495	9		Y	10	Stable
RDS	2665			Y	2	Stable
SGA/Not maintaining temp/feeds	2267	6	8	Y	3	Released home p3 days, healthy
RD/low o2	3770	9	10	Y	7	Released p7 days, healthy
Delayed MAS/RD	3231	9	9	Y	2	Released p2 days, healthy